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CONFIRMATION NO. 7384

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| APPLICANTS | | | *************************************** | | | | | | |
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| ** CONTINUING | DATA | · ******* | ·· No | | • | | | | |
| ** FOREIGN APPLICATIONS ************************************ | | | | | | | | | |
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| Foreign Priority claimed 35 USC 119 (a-d) conditions | | | | | | HEETS TOT | | ΓAL | INDEPENDENT |
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| ADDRESS 23690 Roche Diagnostic 9115 Hague Roa PO Box 50457 Indianapolis , IN 46250-0457 | | poration | ************************************* | | | ************************************ | | · | |
| TITLE Subcutaneous ar | nalyte | sensor | | | | | | | |
| | | | | | | ☐ All Fees | | | |
| FILING FFF | FEES: | : Authority has been gi | nper | | ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of | | | | |
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